FILED

2003 FOR PROFIT CORPORATION

Feb 24, 2003 8:00 am UNIFORM BUSINESS REPORT (UBR Secretary of State **DOCUMENT #** P01000117457 02-24-2003 90194 034 ***150.00 1. Entity Name MICROTECH REMEDIATION, INC. Principal Place of Business Mailing Address 950-23 BLANDING BLVD #366 950-23 BLANDING BLVD #366 ORANGE PARK FL 32065 **ORANGE PARK FL 32065** Principal Place of Business OO Modison Hue #101 HUEHIN Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES v & State Applied For 4. FEI Number APPLIED FOR Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name and Address of New Registered Agent KISH, KENNETH RT 1 BOX 763 STARKE FL 32091 8. The above named entity sulfmits this statement for the Jurpose of changing its registered of e or registered agent or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550,00 \$5.00 May Be Trust Fund Contribution. Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KISH, KENNETH NAME STREET ADDRESS RT 1 BOX 763 STREET ADDRESS CITY-ST-ZIP STARKE FL 32091 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITEE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF C!TY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with address, with all other like empoy

CITY-ST-ZIP

SIGNATURE: